



# Office of the County Clerk

*Diana Alba*  
*County Clerk*

*Commissioner of Civil Marriages*

*Marriage Services Division*  
*201 East Clark Avenue*  
*P. O. Box 551603*  
*Las Vegas, NV 89155-1603*

*Jim Pierce*  
*Assistant County Clerk*

**PLEASE NOTE: IT IS UNLAWFUL TO SOLEMNIZE MARRIAGES BEFORE YOU OBTAIN A  
CERTIFICATE**

**INSTRUCTIONS FOR A TEMPORARY CERTIFICATE OF AUTHORITY**

The following documents are required to apply for a *Temporary Certificate of Authority to Solemnize Marriages in the State of Nevada*:

1. *Application for a Temporary Certificate of Authority to Solemnize Marriages in the State of Nevada*  
**Submit original plus 1 copy of the completed, signed & notarized form. Applicant must be authorized to solemnize marriages through the church or religious organization he/she currently serves.**
2. *Affidavit of Authority to Solemnize Marriages must be signed by someone in the church or religious organization you currently serve who has authority to speak on behalf of that church or religious organization and can verify that you are in good standing within that church or religious organization. This Affidavit cannot be signed by the applicant.*

**Please Note:** Both documents listed above must be signed in front of a notary. All paperwork should be returned to this office at the address listed above, Attention: Minister Licensing. Note that application paperwork cannot be submitted more than 90 days prior to the marriage nor later than 30 days prior to the marriage. Applications will be processed in the order in which they are received. Therefore, if the application is not received timely, there is a good chance that your application will not be acted upon prior to your intended ceremony.

If approved, the authorization will be mailed to **the residence address listed on the application**. If you would like to arrange to pick it up or to have it mailed to a different address, please include the instructions with the application paperwork. It cannot be sent via express mail unless a self-addressed, pre-paid express mail envelope is enclosed.

Normal processing time for applications is 5 -7 business days. **PLEASE ALLOW SUFFICIENT TIME FOR PROCESSING IF YOU ARE TO SOLEMNIZE A WEDDING IN THE NEAR FUTURE. (Submitting paperwork 4 to 6 weeks in advance is recommended.)** Paperwork must be filled out completely and properly signed and notarized. **DO NOT LEAVE ANY BLANK SPACES. PAPERWORK THAT IS INCOMPLETE OR INCORRECT WILL DELAY THE PROCESS AND/OR MAY RESULT IN THE CERTIFICATE BEING DENIED.** If the application is not approved, you will receive a letter explaining why it was not granted.

APR2010Rev

*Ex-Officio Clerk of:*

*Board of County Commissioners – Clark County Board of Equalization*  
*Clark County Liquor and Gaming Board – Mt. Charleston Fire Protection District*  
*Clark County Water Reclamation District Board of Trustees – Clark County Debt Management Commission*  
*Big Bend Water District Board of Trustees – Clark County Redevelopment Agency*  
*University Medical Center of Southern Nevada Board of Trustees*

# County of Clark, State of Nevada

## APPLICATION FOR A TEMPORARY CERTIFICATE OF AUTHORITY TO SOLEMNIZE MARRIAGES IN THE STATE OF NEVADA

1. \_\_\_\_\_  
Full Name of Applicant \_\_\_\_\_ Nickname or Aliases Used \_\_\_\_\_
2. \_\_\_\_\_  
Residence Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. \_\_\_\_\_  
Mailing Address, if Different \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ E-mail Address \_\_\_\_\_
5. Telephone Nos. \_\_\_\_\_  
Residence \_\_\_\_\_ Religious Organization \_\_\_\_\_ Cell Phone \_\_\_\_\_
6. Date of licensure, ordination, appointment or authorization by church or religious organization: \_\_\_\_\_
7. Name & address of the **local church or religious organization** you **currently** serve:  
\_\_\_\_\_  
Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address, if Different \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Note: Applicants MUST be authorized to solemnize marriages through the religious organization he/she currently serves.**
8. If retired, how long did you have active charge of the above church or religious organization? \_\_\_\_\_  
If less than 3 years, please list any other organizations you served, when, where and for how long. \_\_\_\_\_
9. Are you presently in good standing with your church or religious organization? ☐ Yes ☐ No
10. Have you been convicted of a felony, been released from confinement or completed parole or probation, whichever occurs later, within the last 10 years? ☐ Yes ☐ No  
If yes, specify the date and place of conviction and what the charges were. **(A copy of the disposition of the case must be provided.)** \_\_\_\_\_
11. Please mark the appropriate response (failure to **mark one response below WILL** result in a delay in processing or possible denial of the Application.)  
\_\_\_\_\_ I am not subject to a court order for the support of a child;  
\_\_\_\_\_ I am subject to a court order for the support of one or more children and I am in compliance with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or  
\_\_\_\_\_ I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
12. Date of wedding to be performed \_\_\_\_\_
13. \_\_\_\_\_  
Name of Groom \_\_\_\_\_ Name of Bride \_\_\_\_\_

I hereby certify by my signature below that my ministry is one of service to my church or religious organization or, if retired, that my active ministry was of such nature. I also hereby acknowledge that I am subject to the jurisdiction of the Clark County Clerk with respect to provisions of NRS 122 governing the conduct of ministers or other persons authorized to solemnize a marriage to the same extent as if I were a minister or other person authorized to solemnize a marriage residing in Nevada.

\_\_\_\_\_  
Signature of Applicant

**Note that application paperwork cannot be submitted more than 90 days prior to the marriage nor later than 30 days prior to the marriage. Applications will be processed in the order in which they are received.**

**VERIFICATION**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss:

\_\_\_\_\_, being first duly sworn according to law, deposes and says:  
(Name of Applicant)

That he is the Applicant in the foregoing *Application for a Temporary Certificate of Authority to Solemnize Marriages in the State of Nevada*; that he has read the foregoing Application and knows the contents thereof; that the same are true of his/her own knowledge, except for such matters therein stated on information and belief, and as to those matters he believes them to be true.

\_\_\_\_\_  
Signature of Applicant

**SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME**

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**NOTE: IT IS UNLAWFUL TO PERFORM MARRIAGES  
PRIOR TO THE ISSUANCE OF A CERTIFICATE OF  
AUTHORITY TO SOLEMNIZE MARRIAGES IN THE STATE  
OF NEVADA**

\_\_\_\_\_  
**NOTARY PUBLIC**

**AFFIDAVIT OF AUTHORITY TO SOLEMNIZE MARRIAGES**

STATE OF \_\_\_\_\_ )  
 )ss.  
COUNTY OF \_\_\_\_\_ )

The \_\_\_\_\_  
(name of church or religious organization)

is organized and carries on its work in the State of \_\_\_\_\_. The said church or religious organization  
(state)  
hereby finds that \_\_\_\_\_  
(name of minister or other person authorized to solemnize marriages)

is in good standing and is authorized by the church or religious organization to solemnize a marriage. Its  
active meetings are conducted within the applicant's state of residence at

\_\_\_\_\_  
(street address, city or town)

I am duly authorized by \_\_\_\_\_  
(name of church or religious organization)

to complete and submit this affidavit.

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Name of Official (type or print name)

\_\_\_\_\_  
Title of Official

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

**SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME**

this \_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC